

Chloral in twenty- or thirty-grain doses by rectal injection is also an excellent remedy.

Having checked the convulsions, it is well while waiting for the physician's arrival to promote sweating by the hot pack or vapor-bath.

(To be concluded.)

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## THE NURSE AND THE PSYCHIC FACTOR

By DELIA KNIGHT

A VERY interesting article on "Psychic Factor in Disease" appeared in the Boston *Medical and Surgical Journal*, August 16, 1900.

The author states seven propositions, amplifying and making illustrations of each from cases in private practice. I am unable to give you a pen-picture of the article as a whole, but will state the seven propositions, and invite the attention of nurses especially to the seventh.

(1.) That some cases of illness are simply neuroses without appreciable pathological lesions.

(2.) That causes capable of producing such neuroses may act while disease is present and should be guarded against.

(3.) Purely psychic causes, as shock, grief, and the like, may pave the way for, if not directly cause, profound pathological disturbance.

(4.) Attention to the psychic is capable under some conditions of so turning the scale to health that it may arrest, even perhaps cure, otherwise fatal pathological conditions.

(5.) Attention to the psychic should be considered a routine measure in the treatment of delirium from toxic causes, as alcohol, belladonna, ether, and the like.

(6.) Attention to the psychic should also be considered a routine measure in the treatment and in the prevention of delirium in febrile states, as of typhoid.

(7.) Nurses should be able to enter into psychic relations with their patients; otherwise the value of their services is much lessened and they may be harmful.

We believe there is a natural law which, if understood and rightly used, greatly increases any person's ability to influence his fellow-men. What this article terms the psychic factor is a necessary attribute of all leaders of men where great good is accomplished. Everyone is familiar with the great victories won by the personal influence of William, Prince of Orange, who was murdered July, 1584, and of whom Motley says,

"Habit, necessity, and the natural gifts of the man had combined to invest him at last with an authority which seemed more than human."

Few people not in the profession realize that a successful private nurse must be a general, ever keen to detect the strongholds of the enemy, and by her natural or improved gifts make them strongholds of friends.

No member of a family is absolutely independent. A nurse who undertook the care of a child failed because she gained the ill-will of the nursery-maid. This maid was the child's hero and leader.

The author says "Nurses should be able to enter into psychic relations with their patients." The nurse must do more than that if she succeed. She must gain the confidence of members of the household who exert a positive influence over the patient.

I have in mind a case in which I believe the nurse was of really great assistance in inducing a patient to live after the consulting doctor had stated to the family that there was no hope. She kept up the courage of the daughter, and used the daughter's influence over her father to make him believe he was getting better. The family physician in that case was a tower of strength to the nurse, and made it possible for her to influence the minds of patient and daughter.

Do physicians in their daily calls see what wonderful powers they possess of helping or harming a nurse's work? Most sick people are such clever observers. Often just a word from the visiting physician helps on or retards the progress of recovery, because it leads them to believe in or to distrust the nurse.

"Do we give this factor enough attention? Are our nurses sufficiently trained in it? No amount of training can qualify the unfit. But training can greatly improve the fit."

How can nurses be trained in this personal influence? Could there be successful psychic-factor class-work with nurses in training?

It seems to me that the only successful training must come from the study of men and women. One gains a liberal education by a few failures. A timely personal suggestion may help. But is there no limit to the responsibility of the training-school? We again quote:

"It is a question whether the average graduate of a small hospital is likely to be better than the average from a large one. Few nurses can rise above the tendency to routinism engendered in the large hospital. So that even if they escape the bane of overwork it is difficult to have acquired all the little delicacies and refinements of nursing which add so much in private practice."

There are many superior small hospitals where daintiness in serving is taught. But not every small hospital has even that virtue to com-

mend it. The variety of cases is of necessity limited in small hospitals, and many graduates of small hospitals make shocking errors in treatment of cases, because constantly called upon to nurse cases not before studied. A small-hospital graduate was sent to an inflammatory rheumatism case, whose hand she pressed so vigorously that the patient did not recover from the first impression for several hours. A woman is obliged to live in this world at least twenty-three years before she can enter the training-school. If during those probationary years she was in the habit of being daintily served, and if habits of personal cleanliness were inculcated or inherited, I firmly believe that she would in the end be a better nurse for the more liberal experiences of a large hospital. If neither daintiness nor cleanliness were a part of her life before the training days, I doubt if even a small hospital could make her acceptable to the public unless it instituted a kindergarten training-school and placed her there at the age of seven.

One criticism passed on large-hospital graduates, "the tendency to routinism," is of special interest to the graduates themselves, because they are accustomed to look at it as one of the strongly beneficial parts of the training. Many of them come to the school without system or sense of time, unable to plan and carry out plans on time. They receive a severe military drill, from which they themselves feel they have derived great benefit. The article comments favorably upon the efforts of one nurse. The many unfavorable criticisms are mainly of the class we have been familiar with in lecture and the printed page since entering the training-school,—unclean hands, dress redolent with bad odors, lack of daintiness in serving, careless personal habits, uninteresting stories, delight in telling experiences on other cases. These criticisms might all be classed under the heading, lack of good breeding. No woman whose ideals were those of truth and beauty would offend in the ways mentioned.

Should the school be held responsible? No. I know of no more aspiring, energetic, untiring workers than superintendents of training-schools. They have organized to disarm criticism by bringing about better results. But they are human, and so far have failed to do the impossible. So far the exact measurements of qualities and attributes to make a successful nurse have not been found. It cannot be based on education, as some uneducated women make most acceptable nurses. A very unpromising applicant often develops most marvellous ability at the end of the second or third year. Some of the nurses who are most successful and popular after graduation had as hard a struggle to be thought worthy of a diploma as did our hero Grant while he was at West Point.

It is not given to any one person to know everything. One of the unknown things is where to draw the line so as never to admit into a training-school a person who will in some way offend, and never refuse one who might be helpful as a graduate nurse.

If a graduate of a theological seminary writes good sermons but fails to please from lack of tact, bad table manners, or boresome stories, the world blames the man, not the school.

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## THE INTERNATIONAL COUNCIL OF NURSES

BY LAVINIA L. DOCK

THE International Council of Nurses is one of the many waves of progress set in motion by the impetus of the enthusiasm and mental ardor generated by the great gathering of women from all parts of the world known as the "International Congress of Women," which met in London in June, 1899.

While the congress was preparing, the Matrons' Council of Great Britain and Ireland passed a resolution and forwarded it to the international secretary, urging that trained nursing for the sick should form one of the subjects for discussion at the congress. Later, at an International Council committee meeting, Mrs. Bedford Fenwick proposed that nursing should form a department of the Professional Section, and this was agreed to. She was further made convener and chairman of this section, with Miss Isla Stewart, Miss Louisa Stevenson, and Miss M. Huxley on the committee to help look after nursing interests.

American and Canadian nurses visiting London at the time of the congress were invited to the banquet given by the Matrons' Council in honor of Mrs. May Wright Sewall and the foreign members. Here the project of international organization was talked of, Mrs. Sewall being, naturally, deeply interested in having women of all occupations take up the council idea of universal friendliness of relation. The next day at the annual meeting of the Matrons' Council, at which several American nurses were present, Mrs. Bedford Fenwick moved and Miss Isla Stewart seconded the following resolution:

"That steps be taken to organize an International Council of Nurses by calling upon the officers and honorary members of the Matrons' Council to form a Provisional Committee, with power to add to their number, to consider the best method of organization."

Mrs. Sewall, who was present, spoke warmly in encouragement and support. After the congress, at a meeting called by Miss Isla Stewart,